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ABSTRACT

Although research has demonstrated the potentially salutary effects of peer support among older persons, salutary peer support and significant interpersonal bonds are often lacking within the confines of a nursing home. A program was designed to train nursing home residents to serve as peer counselors for newly-admitted residents in an effort to provide social support for new residents, facilitate new residents' adjustment to institutionalized living, and provide current residents with a meaningful volunteer role. Six male and 24 female nursing home residents volunteered for the study. Fifteen residents received peer counselor training and 15 residents served as controls. Recipients of the peer counseling services were 15 newly-admitted residents. Another 15 new admissions served as controls. The appearance of the 30 volunteer residents was rated by a staff member at the start of training and again 4 weeks after completion of training. An occupational therapist rated the social adjustment and physical functioning of the 30 new admissions at time of admission and again 2 months later. Empirical and anecdotal evidence indicated that peer counselor trainees and new residents who received counseling improved somewhat on measures of social functioning when compared to controls. These findings highlight the need for further attempts to understand and promote social support and social competence among institutionalized elderly adults. (NB)

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SOCIAL SUPPORT AMONG NURSING HOME RESIDENTS:

EVALUATION OF A PEER COUNSELOR TRAINING PROGRAM [a]

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SOCIAL SUPPORT AMONG NURSING HOME RESIDENTS:

EVALUATION OF A PEER COUNSELOR TRAINING PROGRAM

ABSTRACT

This article describes an evaluation of a model program designed to increase social support for newly-admitted nursing home residents through a structured program of peer counseling by current residents. Empirical and anecdotal evidence indicate that peer counselor trainees and the new residents who received counseling improved somewhat on measures of social functioning, when compared to controls. This pilot study highlights the need for further attempts to understand and promote social support and social competence among institutionalized elderly adults.

Key words: Welcoming committee, Institutionalization, Social Competence, Peer support

SOCIAL SUPPORT AMONG NURSING HOME RESIDENTS:

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Increased attention has been given in recent years to the potential salutary effects of peer support among older persons (e.g., Becker & Zarit, 1978; Ehrlich, 1979; Mulligan & Bennett, 1977-78; Toseland, Decker & Bliesner, 1978). Contact with peers is associated with physical and mental health, activity level, morale, life satisfaction, and continuity of identity (e.g., Burgess, 1954; Lowenthal & Haven, 1968; Petrowsky, 1976; Stephens, Blau, Oser & Millar, 1978). Social support has been shown to provide an important buffer against the potentially deleterious effects of such stressful life transitions as retirement (Blau, 1973), widowhood (Lopata, 1973), the death of loved ones (Raphael, 1977), and relocation (Kasl, Ostfield, Brody, Suell & Price, 1980), and may be of particular value in preventing or ameliorating the potential negative effects of admission to a nursing home (Amen, 1959; Borup, 1981; Burgess, 1954; Gelfand, 1968; Pilisuk & Minkler, 1980; Wells & MacDonald, 1981).

However, salutary peer support and significant interpersonal bonds are often lacking within the confines of a nursing home, where socially competent and independent behavior are apt to be discouraged (Barton, Baltes & Orzech, 1980). Nursing home residents may live in close proximity without knowing even the most basic information about one another. Miller & Beer (1977), for example, found that 20% of alert nursing home residents did not know their roommate's entire name, and 37% could not say whether or not their roommate was married. Even among the most socially active residents, interpersonal interactions are apt to be superficial, and marked by "cordiality without closeness" (Miller & Beer, 1977).

This article describes an evaluation of a program to train nursing home residents to serve as peer counselors for newly-admitted residents. This program attempts to provide social support for new residents to facilitate their adjustment to institutional living, while providing current residents with an opportunity to assume a meaningful volunteer role. From the perspective of social breakdown theory (Kuypers & Bengtson, 1973), the opportunity to exhibit competent and worthwhile behavior can help to alleviate feelings of apathy and helplessness (Seligman, 1975), and can protect against excess physical and psychological vulnerability (Kuypers & Bengtson, 1973).

The model evaluated in this study was similar to the "resident welcoming committee" previously described by Friedman (1975). In that study, anecdotal reports suggested that the welcoming committee participants experienced increased social activity, supportive and therapeutic group interaction, and a meaningful help-giving role. However, that study lacked a comparison or control group, and no evidence was provided regarding the effect of the intervention on the newly-admitted residents who were "welcomed".

A similar model was recently utilized in a state geriatric mental hospital, where current residents were trained to serve as "peer orienters" for newcomers (Priddy, Kivlighan, Honaker & Prohaska, 1982). This study found that the peer orientation program was highly effective in improving the social adjustment and morale of the peer orienters as well as the newly-admitted patients. The present study represents an attempt to extend these findings to residents of a skilled nursing facility setting.

METHODOLOGY

Sample

Participants were 24 female and 6 male residents of a large, proprietary nursing home consisting of two free-standing buildings, containing 125 and 240 beds each. The participants were resident's council members who responded to an announcement regarding the creation of a welcoming committee. Their mean age was 84.4. These older adults, although among the most socially well-functioning residents, had been diagnosed as having a variety of serious disabilities, including cardiovascular or pulmonary disease (43%), debilitating bone fractures (37%), degenerative arthritis (33%), heart failure (13%), paralysis due to a stroke (13%), cancer (7%), and "senility" (20%). The majority (73%) were unable to ambulate independently.

Of the 30 residents who volunteered to participate in the study, only 15 were interested in receiving the peer counselor training. It was decided, therefore, to allow the other 15 individuals to serve as a comparison group, and use statistical procedures to test the similarity of the two groups.

Recipients of the peer counseling services were 15 newly-admitted residents, representing every second admission to the facility during a two-month period. The other 15 new admissions during that two-month period received no special attention, and served as controls.

Measures

Peer counselors. Prior to the start of training and again four weeks following its completion, the appearance of the 30 volunteers was assessed by a staff member, who was blind to the conditions and purposes of the study. The appearance of the 30 volunteers was rated on a five-point

Guttmann scale, which ranged from "resident is extremely dishevelled and unkempt" (1) to "resident is clean and well-groomed in every way" (5).

Service recipients. At admission and again two months later, the social adjustment and physical functioning of the 30 newly admitted residents was assessed by an occupational therapist, who was blind to the conditions and purposes of the study. Social adjustment was measured with the Nurses' Observation Scale for Inpatient Evaluation (NOSIE-30), a 30-item behavior rating scale that loads on six factors: Social Competence, Social Retardation, Social Interest, Personal Neatness, Irritability and Manifest Psychosis (Honigfeld, Gillis & Klett, 1966). Although the NOSIE-30 was originally designed to assess the ward behavior of asymptomatic geropsychiatric patients, it was selected for this study because of its emphasis on social strengths as well as weaknesses, its excellent reliability even when completed by untrained staff members, its sensitivity to treatments, and its face validity with non-psychiatric institutionalized elders (Honigfeld, Gillis & Klett, 1966).

Physical functioning was measured with the Lawton-Brody Physical Activities of Daily Living Scale (Lawton & Brody, 1969; Lawton et al., 1982). The Physical ADL Scale assesses the level of functional ability (from 1 = "requires total assistance" to 3 = "requires no assistance") in each of seven areas of physical self-care: ambulation, transfer, dressing, grooming, eating, bathing and toileting.

Procedure

Peer counselor training. The fifteen peer counselor trainees attended weekly one-hour training sessions for a period of eight weeks. These sessions were led by the investigator and two assistants, and followed a structured program that had previously been utilized successfully with

nursing home residents (Monea & Reichert, 1979). This training program had three primary components: 1) learning and practice of peer counseling techniques such as basic attending, paraphrasing and reflecting feelings (Ivey, 1976); 2) identification of the information which a newcomer to a nursing home might need, including preparation of a "New Resident Information Sheet" to give to the newly admitted residents who were visited; 3) discussion of the trainees' experiences in visiting newcomers and group problem-solving regarding any difficulties a peer counselor might be having. This training process is described elsewhere in greater detail (Scharlach, 1985).

Peer counseling. After the fourth week of training, the peer counseling portion of the study began. Every second new admission to the nursing home was visited by a peer counselor within their first three days of residence. The peer counselor introduced himself or herself to the newcomer, gave them the "New Resident Information Sheet", and attempted to initiate casual conversation. If the new resident was agreeable, the visitor would provide orienting information about the facility, and discuss what to expect from staff and other residents and how to cope with discomforting aspects of institutional life. For newcomers whose mental or physical impairments made such interactions impossible, visitors were asked to simply make nonverbal contact with the person, perhaps by holding their hand.

Analyses

t-tests were utilized to compare the peer counselor trainees with the other volunteers, regarding age, medical diagnoses, and pre-treatment appearance ratings. *t*-tests were also utilized to compare the newly admitted residents in the treatment condition with those in the control condition, regarding age, diagnoses, and pre-treatment ratings of social adjustment and

physical functioning. No significant between-group differences were found.

Chi-square tests were utilized to compare changes in the appearance scores of the peer counselor trainees with changes in the scores of the other volunteers. Chi-square tests were also utilized to compare changes in the levels of social adjustment and physical functioning for new residents in the treatment condition with changes for those in the control condition.

RESULTS

Insert Table 1 about here

Peer Counselors. Table 1 displays the percentage of participants in the training group and the percentage in the comparison group whose appearance ratings improved, declined and remained the same during the period of the study. Not included are scores for three peer counselors and one comparison group member who were hospitalized during the period of final data collection. As shown in Table 1, the peer counselor trainees were significantly more likely than the comparison group (X^2 = 8.43) to demonstrate improved rather than worsened appearance at the end of the study.

New residents. Table 1 also displays the percentage of new residents in the treatment condition and the percentage in the control condition whose scores on the six subscales of the NOSIE-30 and on the Physical ADL Scale changed during their first two months of nursing home residence. Not included are scores for one newcomer in the treatment group and nine in the control group who died or were discharged during the study period. As shown in Table 1, the new residents who received peer counseling were significantly more likely than those in the control condition to demonstrate increased social competence (X^2 = 6.80) and decreased social retardation

(X^2 = 5.54) at the end of the study. There were no significant differences between the two groups with regards to any of the other measures of social adjustment or physical functioning.

DISCUSSION

This pilot study provides support for the hypothesis that social support from peers can facilitate adjustment to institutional residency. Although the findings are modest, it is notable that new residents who received peer support improved significantly more than a control group on two of the three measures of social functioning.

The improved social functioning of the new residents may be attributable to the support and personal attention provided by their visitors. Not only did newcomers receive emotional support founded on peer counseling skills, but they also obtained concrete information concerning their new environment and its expectations of them. Moreover, peer visitors may have served as models from which new residents could derive information about standards for situationally-appropriate behavior in the nursing home setting.

The appearance and grooming of the residents who were trained as peer counselors improved significantly more than that of a comparison group. Anecdotal reports from staff members suggest that the peer counselor trainees also benefited from the experience in other areas of social functioning, including increased assertiveness and social competence. Six participants who had previously been perceived by nursing staff as withdrawn and frequently inappropriate in their interpersonal interactions were now seen as more alert, interested and socially responsive. They were more willing to spontaneously approach other residents, and less likely than

before to withdraw when rebuffed. As one trainee said,

> I'm like a new person. I was insecure and stand-offish before; now, I've started to live again. I know now what is important. I've learned three things: respect, how to communicate, and how to just be myself.

The benefit that the peer counselor trainees received from their participation may have been related to the attention and mutual support of the training experience, as well as the opportunity to occupy a clearly-defined, status-conferring role within the potentially depersonalizing nursing home environment. As one participant explained, "the group meetings were different from other activities, where we just get entertained. Here, we have something important to do."

Volunteer roles such as this provide an opportunity for older adults to utilize the capabilities acquired over a lifetime on behalf of constructive social behavior to benefit one another (Payne, 1977; Salmon, 1979). For nursing home residents, such meaningful and productive activity is likely to contribute to increased self-perceived self-efficacy (Bandura, 1982), and thereby prevent or forestall the social breakdown syndrome that is apt to occur in environments where a person is considered to be obsolete and incompetent (Kuypers & Bengtson, 1973).

The generalizability of the findings of this pilot study may be limited by the non-random selection of peer counselors, the investigator's participation in the peer counselor training sessions, and the high rates of discharge and death among the new residents who did not receive peer counseling. In addition, the degree of impairment among the residents was also an important factor. Many of the newcomers who were supposed to serve as "counselees" were too severely impaired to interact in a meaningful

manner with a visitor. And, some of the peer counselor trainees were so socially impaired that they could not participate appropriately in the group training sessions or master the basic peer counseling techniques.

Despite these limitations, this pilot study represents an innovative attempt to demonstrate that properly-trained nursing home residents can serve as peer counselors, and thereby make a significant contribution to the social adjustment of their peers. Moreover, this study suggests that institutionalized older adults can participate in, and benefit from, group experiences that are potentially more meaningful than the "diversionary therapy" often found in nursing homes (Feier & Leight, 1981). Further empirical, theoretical and clinical efforts are now indicated, if we are to better understand and promote social support and social competence in institutional settings.

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TABLE 1

Percentage of current residents whose appearance ratings changed and percentage of new residents whose NOSIE and ADL scores changed during the treatment period

	Percentage whose scores changed in indicated direction						
	Peer Counselors (n=12)			Comparisons (n=14)			
Current Residents	Increased	Decreased	No Change	Increased	Decreased	No Change	X^2
Appearance	33%	8%	58%	0%	50%	50%	8.43**
	Service Recipients (n=14)			Controls (n=6)			
New Residents	Increased	Decreased	No Change	Increased	Decreased	No Change	X^2
NOSIE							
Social Competence	79%	14%	7%	17%	67%	17%	6.80**
Social Retardation[a]	36	43	21	67	33	0	5.54*
Social Interest	36	57	7	83	0	17	0.68
Neatness	29	50	21	0	33	67	1.04
Irritability[a]	36	50	14	17	17	67	0.05
Psychosis[a]	29	0	71	17	0	83	0.00
Activities of Daily Living	36	43	21	67	33	33	1.17

* $p<.05$

** $p<.01$

[a] Higher scores on Social Retardation, Irritability and Psychosis reflect more impaired functioning

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